FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	(See instructions)		Office use only
1. NAME OF COMMITTEE (in	(Check if n X is changed		12FE4M5
Mary Bono Co	mmittee		
ADDRESS (number and s	P.O. Box 3370	<u> </u>	
(Check if address is changed)	Palm Springs		CA 92263 -
COMMITTEE'S E-MAI	I ADDRESS	CITY▲	STATE▲ ZIP CODE ▲
1			
COMMITTEE'S WEB	PAGE ADDRESS (URL)		
COMMITTEE'S FAX N 202-659-8201	UMBER		
2. DATE 0 3	24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
3. FEC IDENTIFICA	TION NUMBER	C C00332890	
4. IS THIS STATEMENT NEW (N) OR X AMENDED (A)			
I certify that I have exami	ned this Statement and to the best o	of my knowledge and belief it is true, correct	ct and complete
Type or Print Name of	Treasurer Meredith (G. Kelley	
Signature of Treasurer	Electronically Filed by Me	redith G. Kelley	Date 03 / 23 / YYYYY
NOTE: Submission of fall		ation may subject the person signing this	Statement to the penalties of 2 U.S.C. S437g. ED WITHIN 10 DAYS
Office Use Only		For further informati Federal Election Com Toll Free 800-424-955 Local 202 694 1100	mission FEC FORM 1